



PATENT
Attorney Docket No. 101.0084-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No.: 8299
Gary K. Michelson, M.D.)	
Serial No.: 09/921,851)	Group Art Unit: 3738
Filed: August 3, 2001)	Examiner: B. Snow
For: METHOD FOR FORMING A)	
SPINAL IMPLANT SURFACE)	
CONFIGURATION (as amended))	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

CERTIFICATE OF MAILING VIA U.S. EXPRESS MAIL

Express Mail Mailing Label No. ER521778580US

Date of Deposit: February 13, 2004

I hereby certify that:

1. Transmittal Form (in duplicate)
2. Amendment
3. Information Disclosure Statement with 1 document
4. Check in the amount of \$180.00 (IDS fee)
5. Self-addressed return postcard receipt

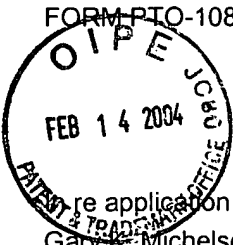
are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: February 13, 2004


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 09/921,851

Filed: August 3, 2001

For: METHOD FOR FORMING A SPINAL
IMPLANT SURFACE CONFIGURATION (as
amended)

Confirmation No.: 8299

Art Unit: 3738

Examiner: B. Snow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated December 4, 2003, in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
- ☒ An Information Disclosure Statement with 1 document is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	54	-	54 **	0	LG=\$18 SM=\$9	\$18	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4 ***	0	LG=\$84 SM=\$42	\$84	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A check in the amount of \$180.00 to cover the Information Disclosure Statement is enclosed.
- ☐ A check in the amount of \$___ to cover the ***-month extension of time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

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FEB 25 2004

Respectfully submitted,
MARTIN & FERRARO, LLP

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Date: February 13, 2004

By: 

Amedeo F. Ferraro

Registration No. 37,129

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